HARRIS (P. A.)

A successful case of Cæsarean section.

Harris (P. A.)

Reprinted from the MEDICAL RECORD, *February* 3, 1894.

A SUCCESSFUL CASE OF CÆSAREAN SECTION.

BY PHILANDER A. HARRIS, M.D.,

PATERSON, N. J.,

VISITING PHYSICIAN TO THE PATERSON GENERAL HOSPITAL.

A. M——, primipara, aged eighteen, born in the United States, a rather diminutive person with slight suggestion of rachitis, but apparently healthy and fairly well nourished, four feet six and one-half inches in height, with the following pelvic measurements: distance between iliac crests, 22 ctm.; anterior superior spinous process, 21½ ctm.; external conjugate, 16½ ctm. From promontory of sacrum to symphysis pubis, 7 ctm.; while the other internal diameters were all greatly shortened. She was believed to have passed slightly beyond the ordinary period of utero-gestation. The uterus was thought to contain a large child.

On April 9, 1893, very slight labor-pains began at two o'clock in the morning and continued for eighteen hours, or until ether was administered, at which time the os was dilated to a degree admitting only the index-finger.

The patient having been prepared in the manner usual in cœliotomy cases, was anæsthetized and removed to the operating-room at a quarter to nine in the evening. In-

cision was made in the median line of the abdominal wall to a point about three inches above the umbilicus. The uterus was lifted out of the incision, enveloped in aseptic towels, and held by an assistant, while the upper portion of incision in the abdominal wall was closed with silkworm-gut sutures. An elastic ligature was next placed around the lower segment of the uterus and secured. The incision was then made in the anterior median line of the uterus. Scissors were employed to enlarge this incision, and it was interesting to observe the pouching and semi-transparent membranes protruding from the opened uterus. When the incision was deemed sufficiently large, an assistant introduced a finger in the upper angle of the incision to limit in a degree the contraction of the uterus.

The membranes were ruptured, after which a living male child (weighing eight and one-half pounds) and the placenta and membrane were quickly removed. The cavity of the uterus was carefully irrigated with a one to forty solution of carbolic acid, the irrigating fluid escaping through the slightly dilated os and the vagina. The incision in the walls of the uterus was closely sutured with strong silk. The number of sutures employed was probably fifteen or sixteen.

When the uterus was released from the elastic ligature very slight hemorrhage appeared at one point of the uterine incision, which was readily controlled by the introduction of another suture. The uterus being now firmly contracted and the hemorrhage controlled, the peritoneum was brought together with running catgut suture.

The abdominal wall was closed with silkworm-gut, but it was so thin that a surprisingly large number of sutures were required to effect satisfactory coaptation.

Very little blood was lost during or following the operation. I should think very much less than we are accustomed to in an ordinary case of labor. Twenty-nine minutes elapsed from the beginning of operation to the delivery of child and placenta, while sixty-six minutes more were required for the completion of the operation. The patient rallied rapidly from the operation.

The further treatment of the case was not unlike that usual in cœliotomy cases. The temperature was taken every four hours for one week, the highest point observed was 101$\frac{4}{5}$° F., while the average temperature, reckoned from all observations, was 99$\frac{2}{5}$° F.

On the sixth day after operation a rather free flow of milk occurred. The child was put to the breast, and afterward regularly nursed and mainly nourished at the maternal fount.

The mother made an excellent recovery, the child grew rapidly, and both were discharged from the hospital, in a condition of health, June 12th following.

26 Church Street.